

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) <b>GAO-0001</b>
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Gaylord Hospital</u></p> <p>and the title of my position with said assignee is: <u>Vice President</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <b>Lindsay Roth</b>	Citizenship <b>US</b>	
Residence/Mailing Address <b>380 Hitchcock Road, #247, Waterbury, CT 06705</b>		
Inventor <b>Susan Gibbons</b>	Citizenship <b>US</b>	
Residence/Mailing Address <b>216 Wild Oak Drive, Southington, CT 06489</b>		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent <b>6,355,023</b>	Date of Patent Issued <b>March 12, 2002</b>	
Title of Invention <b>Closed System Access Device</b>		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p><b>Closed System Access Device</b></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete., including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) <b>GAO-0001</b>
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) <b>Gaylord Hospital</b>		
Patent Number <b>6,355,023</b>	Date Patent Issued <b>March 12, 2002</b>	
Title of Invention <b>Closed System Access Device</b>		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u><b>Gaylord Hospital</b></u> , and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature	Date	
Typed or printed name and title of person signing for assignee (if assigned)		
<b>Raymond E. Washburn, Vice President</b>		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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JUNE 28, 2000

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CANTOR COLBURN LLP  
EDWARD J. ELLIS  
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BLOOMFIELD, CT 06002



\*101341246A\*

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PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 04/10/2000

REEL/FRAME: 010737/0173  
NUMBER OF PAGES: 3

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

**ASSIGNOR:**

ROTH, LINDSAY

DOC DATE: 11/23/1999

**ASSIGNOR:**

GIBBONS, SUSAN

DOC DATE: 11/19/1999

**ASSIGNEE:**

GAYLORD HOSPITAL  
GAYLORD FARM ROAD  
WALLINGFORD, CONNECTICUT 06492

SERIAL NUMBER: 09440391

FILING DATE: 11/15/1999

PATENT NUMBER:

ISSUE DATE:

ANTIONE ROYALL, EXAMINER  
ASSIGNMENT DIVISION  
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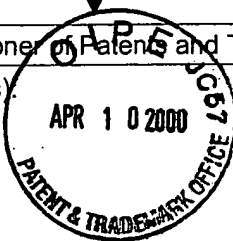
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

LINDSAY ROTH  
SUSAN GIBBONS



Additional names(s) of conveying party(ies) ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: 11/23/99; 11/19/99

2. Name and address of receiving party(ies):

Name: Gaylord Hospital

Internal Address: \_\_\_\_\_

Street Address: Gaylord Farm Road

City: Wallingford State: CT ZIP: 06492

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or registration numbers(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

09/440,391

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Edward J. Ellis

Internal Address: Cantor Colburn LLP

Street Address: 55 Griffin Road South

City: Bloomfield State: CT ZIP: 06002

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41):.....\$ 40.00

- ☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account  
☐ Authorized to be charged to deposit account

8. Deposit account number:

06-1130

04/28/2000 DNGUYEN 00000259 09440391

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Edward J. Ellis, Reg. No. 40,389

Name of Person Signing

Signature

April 4, 2000

Date

3

Total number of pages including cover sheet, attachments, and document:

## ASSIGNMENT

WHEREAS, I/WE

Lindsay Roth, residing at 380 Hitchcock Road, #247, Waterbury, CT 06705

Susan Gibbons, residing at 216 Wild Oak Drive, Southington, CT 06489

have invented certain new and useful improvements in:

Title: CLOSED SYSTEM ACCESS DEVICE

for which I/WE have filed an application for Letters Patent of the United States;

AND WHEREAS, Gaylord Hospital, a corporation organized and existing under the laws of Connecticut, having a place of business at Gaylord Farm Road, Wallingford, CT 06492, is desirous of acquiring an interest in the United States and all foreign countries, in and to the said invention and the Letters Patent to be obtained therefor;

NOW THEREFORE, TO ALL WHOM IT MAY CONCERN, be it known that, for and in consideration of one (\$1.00) dollar to me/us in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I/We, the said Lindsay Roth and Susan Gibbons; have sold, assigned and transferred, and by these presents do sell, assign and transfer unto said Gaylord Hospital, the entire right, title and interest in and to said invention in the United States and in all foreign countries, including priority rights, as fully set forth and described in said application; and I/We do hereby authorize and request the Commissioner of Patents to issue said Letters Patent on said application and any and all Letters Patent that may be issued upon any and all revivals, refilings, continuations, continuation-in-part, divisions and reissues thereof, to the said Gaylord Hospital, as assignee of the entire right, title and interest in and to the same, for the sole use and behoof of Gaylord Hospital, its successors and assigns; and I/We will execute all papers necessary in connection with the United States applications and foreign applications when called upon to do so by the said Gaylord Hospital, its successors or assigns, and that I/We will, at the cost and expense of the said Gaylord Hospital, fully assist and cooperate in all matters in connection with the United States and foreign applications and patents

issuing thereon.

The undersigned declare that all statements made herein of their own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: 11-23-99

Lindsay Roth L.S.  
Lindsay Roth

Date: 11-19-99

Susan M. Gibbons L.S.  
Susan Gibbons